

MRSA Surveillance Form for LTCF

Directions: Please complete as accurately as possible.

Facility						Telephone				
Resident						Recent Hospitalizations ¹		Laboratory Testing		
Name (Last Name, First Name)	Sex	DOB (M/D/Y) or Age	Room # or Wing	Room Type [*]	Date 1 st admitted to this facility	Admit Date	Discharge Date	Date of 1 st MRSA positive culture	Site of colonization or site of infection and onset date ²	Has patient been cleared of MRSA? (Yes/No) ³

1. List all admissions and discharge dates within 30 days prior to onset of infection or date of first MRSA positive culture if onset date unknown.
2. List all sites of MRSA infection (e.g., wound, sputum, catheter line) **and** list the earliest onset date known. If the presence of MRSA is believed to be colonization, list colonization site only (no onset date required). A resident who **only** has a positive culture for colonization of the nares (no infection or colonization at any other site) should **not** be placed on the line list.
3. A patient is considered clear of MRSA when two negative cultures are taken from the previously infected site. The first culture should be collected at least 72 hours after antibiotics have been discontinued and the second culture should be taken one week after the first date of culture collection. If either culture is positive, cultures should be collected at one week intervals until 2 consecutive cultures are negative.

Adapted from Maryland Department of Health and Mental Hygiene.